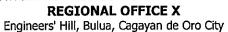


Republic of the Philippines DEPARTMENT OF PUBLIC WORKS AND HIGHWAYS





	Lingineers Tilli, De	uida, cagayar			ONG PILIPINAS
Name of Revised of	Procuring Entity:		Request for Date:	or Quotation (P.R March 18, 2024	., No.): X2-24-03-112
Standard Form/Title: REQUEST FOR QUOTATION			Office/End-User: ADMINISTRATIVE DIVISION		
COMPAI	NY NAME:			TIN:	
		eubiect to th	ne Terme an	d Conditions state	ed helow and submit
herewith Oro City. TERMS 1. All entric 2. Delivery Purchases IRR-RAS 3. Warrant Equipment 4. Price va 5. Attach C Statemen 6. The Appr 7. RFQ mu 8. Bidders 9. Please ii	e quote your lowest price on the item(s) listed below, station duly signed by your representative not later that, to the BAC Secretariat, 2nd Floor Administration Built and CONDITIONS: es must be typewritten or legibly written. period within thirty (30) c.d. upon receipt of the approved funder of the corder (P.O.) Administrative penalties pursuant to Sec. 69 of the Replay shall be imposed for non-delivery without valid reason, ye shall be for a minimum of three (3) months for supplies & materiation date of acceptance by the end-user. Ididity shall be for a period of sixty (60) calendar days. Certified True Copy of PhilGeps Registration Number, Mayor's Permit the (if ABC is above 50K), Income/Business Tax Return if ABC proved budget ceiling for this procurement is Php 72,000.00 st be signed by an authorized signatory. shall submit original brochures of the product (if applicable) indicate the brand for each items being offered.	ding, DPWH d d devised als; one (1) yea	er for Sworn OK. et	VIRGIE G. Chief, Constru BAC Cl	NAYVE, AEr uction Division hairman for all of the items. Any or alteration made by the e items shall render the hence, a ground for
Item No.	ITEMS & DESCRIPTION	QTY.	UNIT	UNIT PRICE	TOTAL PRICE
NO.	Catering Services	60	pax		P
	1 Lunch		F		
	2 Snacks (AM & PM)				
	(5 Courses, Soup, rice & desserts) bottled/tetra pack drinks				
	-&&&&&&&&&&&&&&&&&&&&&&&&&&&&&&&&&&&&&&		<u> </u>		
	TOTAL AMOUNT	***	<u> </u>		P
	Please write total amount in words				
	Diana angifu hyand nama if anglisahia		1		
PURPOS	Please specify brand name, if applicable. E: For the use in the Leave Administrative Course for	Effectivenes	ss on April 1	.l 6-17. 2024	
		LITCOLITCIA		•	
Brand and Model: Delivery Period:			Warranty: Price Validity:		
prices	er having carefully read and accepted your Gens note above. If the space for Delivery Period, \ Concur with the Terms and Conditions specifie BAC-Secretariat:	Narranty a	nd Price Va I.	alidity are left b	olank, it means
Fax No. 853-2060			Printed Name/Signature/Date Tel. No./Cellphone No./E-mail Address		
			iel. No	./celipnone No./	E-mail Address